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FAX COVER SHEET

TO: ISSUE FEE PAYMENT U.S. P.T.O.	From: Christopher Novak Intellectual Property Counsel
Tel. N/A	Tele: 408-360-1576
Fax. (703) 746-4000	Date: September 15, 2005
Sheets: Cover + 5	
RE: <u>Issue Fee Payment: Appl. S/N 09/884,797 Filed 06/18/01.</u> <u>First Named Inventor Michael Miller: IDT 1654</u>	

Message:

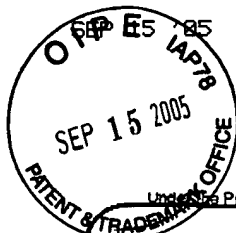
Please find attached:

- 1. Part B-Issue Fee Transmittal + Duplicate**
- 2. Change of Correspondence**
- 3. "Fee Address" Indication Form**
- 4. Transmittal Form**

Thank you.

Christopher Novak
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/884,797
	Filing Date	06/18/2001
	First Named Inventor	Michael J. Miller
	Art Unit	2186
	Examiner Name	Anderson, Matthew D.
Total Number of Pages in This Submission	Attorney Docket Number	JD7-1654

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	"FEE ADDRESS" INDICATION FORM
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	CHRISTOPHER NOVAK, REG. NO. 42,041	
Signature		
Date	15 Sept 2005	

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